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NEW NURSERY INFORMATIONAL FORM

Please complete the top section of this form and mail (or fax) it to the above address.

Nursery Name: _____

Owner's Name: _____

Phone Number: _____

Mailing Address: _____

Location of Nursery: (Please give directions from nearest main roads)

County: _____

Type of Stock: _____

Acreage: _____

TO BE COMPLETED BY NURSERY INSPECTOR

Inspectors Name: _____

Date of Inspection: _____